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CONFIRMATION NO. 7711

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|--|---|-------------------------------|---|------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/608,746   | <b>FILING OR 371(c) DATE</b><br>06/27/2003<br><b>RULE</b>   | <b>CLASS</b><br>726           | <b>GROUP ART UNIT</b><br>2432   | <b>ATTORNEY DOCKET NO.</b><br>A287 |                                |
| <b>APPLICANTS</b><br>Dileep Kumar Panjwani, San Jose, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/428,010 11/21/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/15/2003</b>                   |   |                               |   |                                    |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>15          | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>36378  |   |                               |   |                                    |                                |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR THE DETECTION AND PREVENTION OF INTRUSIONS, COMPUTER WORMS, AND DENIAL OF SERVICE ATTACKS   |   |                               |   |                                    |                                |
| <b>FILING FEE RECEIVED</b><br>582  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                                |